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ABSTRACT

The first section of this report presents a summary of topics discussed at the "Towards Massachusetts Smoke-Free Schools" conference. Discussion at the conference focused on school policy, tobacco cessation programs, and tobacco-use prevention programs. Section 2 offers an overview of Massachusetts laws covering smoking and schools, school buses, and public places. Sample policies from the Boston and Quincy public schools are presented. Quotations are given from rules enforced by the Massachusetts interscholastic athletic association. Educational resources for non-smoking curriculum and videos are listed. (JD)

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Achieving Smoke Free Schools For Massachusetts A Comprehensive Approach

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Achieving Smoke Free Schools For Massachusetts A Comprehensive Approach

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Introduction

The prevention of smoking among children must be the principal goal in seeking to achieve a smoke-free society. Prevention includes eliminating the initial development of tobacco use and cutting short its development.

Tobacco use is not just a recreational pursuit or bad habit, but an addiction to nicotine and needs to be viewed in the same light as dependence on other addictive drugs. Between one-third and one-half of those who experiment with tobacco will become chronic users. Teens in Massachusetts who smoke report that they began smoking, on average, by age 10. Typically, nicotine addiction develops over a period of several years, from late childhood to early or mid-adolescence and results in many persons smoking all their lives, even though most teenagers who smoke want to quit.

While the use of illicit drugs is declining in Massachusetts, the smoking rate remains unchanged and of epidemic proportions among our young people. Young females appear at special risk, with their prevalence rates being 50% higher than that for young males. However young males are more likely to use smokeless tobacco. Youth at risk for other problem behaviors, such as drug use and early sexual experimentation, are also at risk for tobacco use. Efforts to integrate these youths into the existing social service and prevention programs serving adolescents should be reviewed and tobacco education included where possible.

Prevention can be achieved through integrating tobacco education into the curriculum beginning in kindergarten or first grade and reinforcing it every year. Available curricula and videotapes are listed in this handbook.

Prevention can also be influenced by the visible example of the adults around young people, particularly teachers. It is important to involve parents and other community agencies and programs in this effort.

Another method for smoking prevention is the positive support for, and enforcement of, state law (M.G.L. C.71 SEC 2A) which prohibits the use of tobacco products by students in school or on school grounds during normal school hours and other laws which limit smoking, if allowed, to private offices or designated areas.

A national poll conducted by the National School Boards Association in 1986 found half (47%) of the school districts which responded had banned student smoking in school buildings, on school grounds and at school-sponsored functions. The health hazards of smoking were cited as the impetus for the smoking prohibition by 72% of those responding. Problems with smoking behavior was cited by 42% and state or local laws or regulations was cited by 35%. One third of the School districts rated student compliance with the smoking prohibition as excellent, 52% rated it as good while only 13% rated it as fair and 1% as bad.

Included within this handbook are sample policies to assist school committees in developing an effective, positive policy tailored to the local school system.

Massachusetts Department of Public Health
Office for Nonsmoking and Health

June, 1989

Towards Massachusetts Smoke-Free Schools
Conference Summary

Educators and health professionals from across the state interested in the issue of tobacco use came together May 1, 1989, at the Towards Massachusetts Smoke-Free Schools conference. Discussion focused school policy, tobacco cessation programs and tobacco use prevention programs.

The average age when both boys and girls in Massachusetts first try smoking is 10, stressed Deborah Prothrow-Stith, M.D., Massachusetts Commissioner of Public Health. A 1987 Massachusetts study showed that girls consistently are more likely to smoke than boys even at the sixth grade level. Nationwide young women are more likely to smoke than young men. Unfortunately, the younger a person is when she or he starts smoking, the more likely that individual is to become addicted to nicotine.

There are certain predictors for determining which youths are most likely to smoke, the Commissioner said. Potent role models such as parents, older siblings and teachers, exert an influence on the values and actions of young people. Those adult role models who do smoke are essentially promoting and sanctioning nicotine addiction. Three-quarters of the young people who smoke come from families where one or both parents smoke. Another influence, that of close friends, may be a primary reason for smoking initiation. Also, the lower a student's self-esteem, the more it is likely that he/she will be a smoker.

John Doherty, Jr., Executive Director, Governor's Alliance Against Drugs, pointed out that since the Alliance was established in 1984 to focus on using school programs to prevent alcohol and drug abuse, the use of illegal drugs such as cocaine and marijuana has decreased, but the use of the two legal drugs--tobacco and alcohol--has remained strong. These two legal drugs are the killers in society. Tobacco education and prevention programs may be funded as part of the grants school systems receive from the Alliance.

During a panel presentation opening the conference, Thomas J. Cullen, M.Ed., Superintendent, Blackstone-Millville Regional School District, stressed that the baseline for preventing smoking among young people is quality curriculum at an early grade level. He stressed that the place young people smoke in school buildings is also often the place they use drugs -- in the lavatories. These must be made clean and safe, which may require hiring a monitor even in this time of restrictive budgets. Policies developed for responding to youths found to be smoking must be positive rather than punitive.

William Allard, Ed.D., Superintendent, Westfield Public Schools, and a former smoker himself, stressed that policy issues are never easy. The major stumbling block in reaching the goal of smoke free schools will be the members of the staff. Staff members are role models for students, yet many members of the staff began smoking at a time when it was socially "in" to smoke. There must be sensitivity shown so that staff members do not become hostile to each other. Faculty members and other staff who are not concerned about smoking also make it difficult to enforce nonsmoking regulations. A major issue with prohibiting student smoking in schools or on school grounds is who will regulate and enforce the law.

Michael S. Rosati, M.S., M.Ed., Department of Education, Brown University, pointed out that if educators want curriculum to change behavior, they must first look at the individual student and that student's school, home, social and work environments. A study reported in the April, 1989, issue of Nation's Health reported that one out of three high school students don't associate any great risk with smoking. A study of 2,000 Massachusetts students found a correlation between youth smoking and parental smoking. If a parent smoked, half of the students smoked. If parents did not smoke, only one quarter of the youths smoked. School curricula need to address peer influences, media influences and resistance skills to both. Educators need to examine how an individual functions in a school, home and social environment. Too often curricula is not evaluated before it is disseminated. Tobacco education needs to start in kindergarten, before youths are feeling a lot of peer pressure and before they are aware of their parents' attitudes. Teachers need to work as a team on tobacco related issues, crossing specific curricula discipline lines. Persons implementing tobacco use prevention curricula need to be supported with funding and training -- and as individuals.

Marie Campobasso, Counselor, Andover High School, and an ex-smoker, implemented a smoking cessation program for faculty and students after Andover initiated a student no smoking policy in September, 1988. The program, based on the American Cancer Society's Fresh Start program, looks at why an individual smokes, how smoking affects an individual and cessation techniques. Students found smoking are offered the choice of detention or the cessation program. Ninety per cent chose cessation. However, if a student misses the first session, the student is sent to detention. Campobosso emphasized that only those who sincerely want to quit are successful. The power of positive thinking is important in quitting. Those trying to quit should be encouraged to spend time with nonsmokers. There have been between five and seven students in each of the school's cessation programs.

Highlights of breakout sessions at Towards Massachusetts Smoke-Free Schools conference:

CURRICULUM OVERVIEW

- Schools should have a comprehensive health promotion program in order that tobacco education is integrated into the curriculum and not displaced by whatever becomes the "in" issue.
- Tobacco prevention programs can be built on the risk factors for illicit drug use.
- Tobacco prevention programs need to be in place by kindergarten or first grade.
- Parental involvement should be encouraged in non-traditional ways, in addition to parent meetings. For example, educators could use the community media, using short, well done material. Students could be enlisted in developing ways that will, in turn, involve parents.
- School administrators must supports the nonsmoking policy and curriculum, because without this support the material will be wasted.

DEVELOPING RESISTANCE SKILLS

- Use older students as peers for younger students to develop resistance skills. Students have their own perspective which is important to incorporate.
- Look at the nature of adolescents and the nature of addiction in planning a program. Young people do not look beyond the immediacy of today. For adolescents, there is strength in numbers for deciding to do or not to do something. They start with an external locus of control.
- Students must be shown that they have control over their own decisions and they need not be influenced by outside pressures. Giving students the choice gives them empowerment. Self-esteem is the foundation for resistance.
- Realize that in some youth environments, students will be admired by their peers by doing the exact opposite of the norm.
- Adolescents often do the opposite of their parents, except when it comes to smoking. However, in smoking, they are modeling their parents' behavior, not their parents' values.
- Building resistence skills is most effective if a comprehensive model is used including community effort. Parents, church, community groups and media, as well as all school personnel, need to be involved.

PEER LEADERSHIP

- Peer leadership is a programmatic method of allowing youth energy to reach others. Peer leaders become trend setters, thus allowing other youths to feel they can make changes within themselves and others. Peer leaders are nonthreatening and credible to their peers.
- Key components of peer leader programs:
  - Interested adults who are committed to working with youth and at the same time are willing to let go at the appropriate time.
  - Support of school administration.
  - Youth participation which includes different segments of the school population.

— Peer groups which have been effective in smoking prevention have used role playing, presentations on cable television and visits to middle and elementary schools.

DEVELOPING A LOCAL POLICY

— Massachusetts state law (M.G.L. C.71, SEC. 2A) prohibits the use of tobacco products by students enrolled in public schools in schools or on school grounds as of September 1, 1989. Faculty and staff can still smoke in designated areas thus creating a difficult dual situation.
— Local school systems have the legal authority to become entirely nonsmoking, but a school committee must work closely with all unions involved in developing nonsmoking policies.
— By state law, (M.G.L. C. 270, SEC. 21) signs must be placed at all entrances to buildings indicating no smoking is allowed or that there is no smoking except in designated areas. Appropriate signs should be placed throughout the interior of the buildings.
— For a local policy to be effective, school administration and teachers must perceive smoking to be a serious problem.

RESPONDING TO YOUTHS WHO ENGAGE IN SMOKING BEHAVIOR

— Schools need to send a consistent message to students. Part of this message involves the issue of allowing faculty and staff to smoke.
— Positive approaches must be used as to how to respond when youths smoke within school property. Suspension and detention do not change a student's use of tobacco or address the addictive behavior.
— If there has been a space, either indoors or outside, which was formerly used by students as a smoking area, it needs both a new name and a specific new use.
— Evaluate the length of time between classes and for lunch period to assure this does not encourage students to fill "dead" time by participating in inappropriate behavior, such as using tobacco products.
— Youths found smoking could be offered a chance to be away from their normal environment and involved in a smoke free environment such as a camping trip.
— Offer students who want to quit smoking a smoking cessation program preferably during school hours. A smoking cessation program which includes exercise can be one choice to fullfill physical education requirements.
— Use "in-house" adult ex-smokers who are role models for students as special speakers. Urge them to begin: "I am a recovering drug addict because nicotine is a drug."
— Policy must be realistic and respect the difficulty of quitting smoking.
— Consider involving parents.
— Consider policies that involve students found smoking with doing something constructive and positive, not just sitting in a darkened room watching an educational videotape.

CESSATION PROGRAMS

- The American Cancer Society, American Lung Association and the Pathways Prevention Center of Southeastern Massachusetts are developing youth cessation programs. These are expected to be available in the fall of 1989.
- Any program should be positive and fun.
- Cessation can not be successful when it is forced upon a smoker. The smoker must want to stop smoking. A cessation program should not be used as a disciplinary program; it should be offered as an alternative.
- Peer leadership can be successfully used with youth cessation.
- For a cessation program to be successful, it needs components for those who relapse. Most persons, adult or youth, who are trying to stop smoking will make multiple attempts before they are successful.
- Cessation programs must include emphasis on self-esteem.
- Cessation programs may include sections on stress management and weight control.
- Any cessation method used should involve some behavior modification techniques.

MASSACHUSETTS LAWS: SMOKING AND SCHOOLS

M.G.L. C. 71, SEC. 2A. — PUBLIC SCHOOLS

It shall be unlawful for any student, enrolled in either primary or secondary public schools in the commonwealth, to use tobacco products of any type on school grounds during normal school hours.

Each school committee shall establish a policy dealing with students who violate this law. This policy may include, but not be limited to, mandatory education classes on the hazards of tobacco use. (This act shall take effect September first, nineteen hundred and eighty-nine.)
[Created by St. 1987, c. 641.]

M.G.L. C. 90, SEC. 7B(10). — SCHOOL BUSES

No person shall smoke or consume alcoholic beverages on a school bus while such bus is being used to transport school pupils. [Ed. note: This applies to "any motor vehicle having permanent seating accommodations for and carrying not more than eight passengers in addition to the operator, regularly used for the transportation of school pupils, while so used."]
[Amended by St. 1976, c. 552.]

M.G.L. C. 270, SEC. 21 and 22. — PUBLIC PLACES

Section 21. As used in this section and section twenty-two the following words shall, unless the context clearly requires otherwise, have the following meanings:

"Smoking," the lighting of any cigar, cigarette, pipe or other tobacco product or having the possession of any lighted cigar, cigarette, pipe or other tobacco product.

"Public building," any enclosed, indoor area that is located in a building owned or occupied by any department or agency of the commonwealth, or any political subdivision thereof.

Section 22. No persons shall smoke in any public elevator, supermarket or retail food outlet, in or upon any public mass transit conveyances or indoor platform or enclosed outdoor platform, at any open meeting of a governmental body as defined in section eleven A of chapter thirty A, section twenty-three A of chapter thirty-nine and section nine F of chapter thirty-four or in any courtroom. The owner, manager or other person in charge of such a facility, building or vehicle or place as herein described in this paragraph shall post conspicuously a notice at each entrance indicating that smoking is prohibited therein.

No person shall smoke in any courthouse, school, college, university, museum, library, train, airplane, waiting area of an airport, waiting area of a health care facility as defined in section nine C of chapter one hundred and twelve, group child care center, school-aged day care center, or family day care center or on any premises where activities are licensed under section thirty-eight of chapter ten, except beano, or in any public building, except in an area which has specifically been designated as a smoking area. An area shall be designated as a smoking area only if nonsmoking areas of sufficient size and capacity are available to accommodate nonsmokers.

No person shall smoke in any restaurant with a seating capacity of seventy-five or more persons, except in an area which has been specifically designated as a smoking area. In such case, smoking may be permitted in an area or areas that have been specifically designated by notice or sign, only if nonsmoking areas of sufficient size and capacity are available to accommodate nonsmokers. Smoking and nonsmoking areas in any restaurant need not be separated by walls, partitions or other physical barriers; provided, however, that nonsmoking areas in any part of a restaurant, as provided herein, shall be no less than two hundred square feet of floor space.

The owner, manager or other person in charge of a facility, building, vehicle or place described in the second and third paragraphs shall post conspicuously such notices or signs at each entrance indicating that smoking is prohibited therein except in specifically designated areas, and shall post conspicuously such notices or signs indicating which is the no smoking area and which is the smoking area.

Any person aggrieved by the willful failure or refusal to comply with any of the provisions of this section may complain in writing to the local health officer in the case of a restaurant, supermarket or retail food outlet, or to the local building inspector in the case of all other facilities described in this section. Said authority shall respond in writing within fifteen days to the complainant that he has inspected the area described in the complaint and has enforced the provisions of this section. Said authority shall file a copy of the original complaint and his response thereto with the department of public health.

Any person aggrieved by the willful failure or refusal to comply with any provisions of this section in any public building may complain in writing to the head of such department or agency occupying the area wherein such violation occurs. Such agency or department head shall respond, in writing, within fifteen days to the complainant that he has inspected the area described in the complaint and has enforced the provisions of this section. Said agency or department head shall file a copy of the original complaint and his response thereto with the department of public health.

Nothing in this section shall prohibit smoking in a completely enclosed private office used by an individual within a facility, public building, vehicle or place described in the first, second and third paragraphs.

SECTION 4. The department of public health shall promulgate such rules and regulations as may be necessary to implement the provisions of this act. Said rules and regulations shall include the provision that copies of any complaints under section twenty-two of chapter two hundred and seventy of the General Laws shall be filed with said department.

SECTION 5. Nothing in this act shall be construed to permit smoking in any area in which smoking is or may hereafter be prohibited by law including, without limiting the generality of the foregoing, any other provision of the law or ordinance or by-law or any fire, health or safety regulation.

STUDENT NO SMOKING LAW

The state law (M.G.L. C.71, SEC. 2A) requires that all school committees have in place a written policy for violations of the state law prohibiting students enrolled in Massachusetts public schools from using tobacco products in school buildings or on school grounds. Although smoking cessation and health education are vital components of a school's plan to eliminate the use of tobacco, neither should be used as a penalty for violating the law. Should an attempt be made to use them as a penalty, they would almost certainly fail. However, mere suspension or detention has not proved effective.

In an attempt to assist school committees in developing or strengthening existing tobacco prohibition policies, the Department of Public Health is offering a generic policy and samples of policies developed and currently in use by Massachusetts schools. These are offered as a "jumping off point" to encourage creativity. Obviously, each school committee must look within its own community for resources specific to that school district.

GENERIC SCHOOL POLICY

Prohibition of Students Smoking and/or Tobacco Use

A. Smoking Prohibited

Students shall not smoke or use tobacco products at school, on a school bus, at any school-related activity on school grounds during normal school hours or at off site school-sponsored activities.

B. Policy Implementation

1. The tobacco policy shall be contained in the Student Handbook and placed on file with the Massachusetts Commissioner of Education as required by M.G.L. C.71, SEC. 37H. Annually, students and school employees shall be informed of the tobacco prohibition at an all-school assembly.

2. The school system shall offer smoking cessation clinics for students during each marking period.

3. At each grade level the comprehensive health education curriculum shall include the hazards of tobacco use and yet maintain an overall emphasis on healthy choices/health promotion for students.

4. All school buildings, either rented or owned by the school system, shall have signs posted at all entrances and throughout the building that smoking is prohibited by students.

D. Penalties for Violation

1. Any student who allegedly violates this policy must receive appropriate due process.

2. First offense — A one-hour detention after school on the day of the violation shall take place and the student's parent, guardian or custodian called immediately to invite this person(s) to schedule a conference to discuss the violation. During detention the student shall be provided with information concerning the effects of tobacco use and shall write a 250-word report based on this information during the detention. This report shall be presented orally in a class within seven school days. The student shall not be allowed to participate in any extra curricular activity for one week from the date of the violation. As an alternative to detention, the student may opt for participating in a smoking cessation program.

3. Second offense — The student shall research within seven school days various tobacco education programs as well as all smoking cessation resources with the community. As part of this project, the student shall obtain printed materials related to tobacco use and smoking cessation. The student, the student's parent, guardian or custodian and a school counselor shall meet together within ten school days of the violation, but after the student has completed the research, to discuss options and agree on a plan for solving the student's smoking behavior and any related problems. The student shall not be allowed to participate in any extra curricular activity for two weeks from the date of the violation.

4. Third offense — The student shall appear before a panel of students. (Options may include, but not be limited to, student council, peer leadership group or a classroom.) This panel of students shall determine appropriate service to the school or community. The student shall report back to the panel within ten schools days of the completion of the assigned service. (This service may include, but is not limited to, visiting elderly residents in their home or health care facility, assisting the elderly, cleaning litter from Town recreational or conservation areas or similar purposeful services.) The student shall not be allowed to participate in any extra curricular activity for one month from the date of the violation.

5. Fourth offense — Ten-day in-school detention. During the detention the student shall be required to complete all required school work.

6. If a student does not attend a detention period, the school administrator shall invoke the school policy regarding students who do not attend detention.

SAMPLE POLICIES
BOSTON PUBLIC SCHOOLS
SMOKING POLICY

INTRODUCTION

At its meeting of June 1, 1985, the School Committee of the City of Boston endorsed the concept of a "smoke-free environment" for the Boston Public Schools. The Order was adopted unanimously and stated the following:

> ORDERED, that the Committee endorse the concept of a smoke-free environment in School Department buildings and that the Committee believes the Department should move forward in developing policies and programs to enforce the smoke-free environment.

By its vote, the School Committee of the City of Boston endorses the philosophy that every student, staff person and visitor to a School Department facility ought to have the right to breathe clean air in the school environment. Accordingly, the School Committee supports the need for (1) a policy on smoking that is equitable in its application and implementation in all school buildings and school department work places, (2) curriculum designed to highlight the dangers and discourage the use of tobacco and tobacco products, and (3) support programs required to assist students and staff in eliminating smoking from their lives. The vote of the School Committee serves to highlight its unique role and that of the schools as "educator", both in practice and by example.

The School Committee of the City of Boston, by establishing this Policy, seeks also to bring about compliance both with the Fire Prevention Code of the City of Boston, Ordinances of 1979 (Chapter 28, Article XXX), regulating smoking in schools, public buildings and places of assembly, and with the Boston Clean Indoor Air Ordinance of 1980, the purpose of which is "to protect the public health, comfort and environment by restricting smoking in public buildings... and to set an example for the children of the city about the dangers of smoking."

POLICY STATEMENT

The School Committee of the City of Boston is dedicated to establishing and maintaining a healthy, safe, comfortable and productive educational and work environment for its students and all staff. This goal can be achieved and the educational and work environment can be smoke-free with the cooperation, understanding and ongoing efforts of the entire Boston public school community. This Policy shall be effective over a multi-year period that shall provide for stages of (1) Containment, (2) Reduction and (3) Elimination.

1. Containment Stage - July 1, 1987 through June 30, 1988.
   The first or Containment Stage of the Policy shall be in effect through the end of the fiscal year in which the Policy is adopted. These restrictions shall be in effect during all school/working hours and reflect current obligation and practice.
   During this stage, smoking and the use of tobacco products is not permitted by students, staff and visitors in the following areas:
   a. Academic Areas: classrooms, lecture halls, laboratories, libraries, computer facilities and hallways.
   b. Conference Areas: designated conference rooms, auditoria, exhibition areas and indoor athletic facilities.

c. Common/Public Areas: elevators, designated reception areas, all cafeteria and designated teacher lunchrooms.

d. Safety-Hazard Areas: any area in which a fire or safety-hazard exists.

All local bans and restrictions developed and imposed prior to the implementation of this Policy shall remain in effect during the "Containment Stage" and no prohibition presently in effect shall be eliminated. Those schools which have extended in the past a "Smoking Privilege" to certain students shall not extend such a privilege to any new or incoming students. Furthermore, the restrictions implemented during this stage of the Policy implementation process shall be considered as minimum restrictions and shall not preclude implementation of more restrictive guidelines during this stage, based on the unanimous approval of all affected employees and students.

2. Reduction Stage - July 1, 1988 through June 30, 1990.
The second or Reduction Stage of the Policy shall be in effect for a two-year period immediately following the first stage. These restrictions shall be in effect during all school and working hours. During this stage, smoking shall not be permitted by students, staff and visitors in the following areas:

a. Academic Areas: classrooms, lecture halls, laboratories, libraries, computer facilities and hallways.

b. Conference Areas: all conference rooms, auditoria, exhibition areas, and indoor athletic facilities.

c. Common/Public Areas: lobbies, hallways, stairwells, elevators, waiting rooms, reception areas, mailrooms, copier rooms, open work areas, private offices, lavatories, designated staff lounges in the central office (i.e. even-numbered floors), all school teachers' rooms (except one room per school designated by the building administrator), and all cafeteria/lunchrooms.
In those school buildings which contain only one teachers' room, the buildings which contain only one teachers' room, the building administrator might designate some other area for smoking purposes.

d. Safety-Hazard Areas: any area in which a fire or safety-hazard exists, including city-owned vehicles and warehouse/storage areas. In addition, smoking shall be prohibited in any area or room not previously designated and approved by the designee of the Fire Department of the City of Boston.

All restrictions previously imposed either locally or centrally shall remain in effect during the "Reduction Stage". Those schools which have extended previously a "Smoking Privilege" to certain students shall not extend that privilege to any new or incoming students. In addition, those schools shall limit any existing privilege to one period of time during the day (e.g. lunch time) and in a restricted area approved by the building administrator.

Nothing in this Policy precludes the implementation of more restrictive guidelines during this stage, based on the unanimous approval of all affected employees and students.

3. Smoke-Free Policy (elimination Stage) - Effective July 1, 1990. Effective at the beginning of the fiscal year immediately following the Reduction Stage, smoking shall be prohibited at all times and within all facilities under the jurisdiction of the School Committee of the City of Boston.

PREVENTION EFFORT

All staff, by means of instruction and example, should cooperate in an effort to discourage and to prevent student and staff smoking. The Health Education Curriculum, at all levels, should focus on the role of smoking as the leading cause of premature death and disability in our country and on the impact of long-term exposure to involuntary or passive smoking on the non-smoker. External resources should be sought and utilized to support the prevention effort.

ASSISTANCE FOR SMOKERS

The Boston Public Schools shall work cooperatively with external agencies during the implementation phases of this policy in order to provide smoking cessation programs for both staff and students.

ENFORCEMENT

It is the intent of the School Committee that a positive and supportive approach be taken toward enforcement of the Smoking Policy. The success of this Policy will depend upon the cooperation, thoughtfulness and ongoing efforts of all staff and students. All employees share in the responsibility for adhering to and enforcing this Policy. Any conflict should be brought to the attention of the appropriate supervisor for the purpose of resolution. In any dispute arising from such a Smoking Policy, the health concerns of non-smokers shall be given preference. Enrollment in a smoking cessation program should be included in the prescriptive approach to enforcement of the Policy for staff.

Student enforcement penalties should be developed at the school level as part of the Code of Discipline. Enrollment in school-based student smoking cessation programs should be included as a part of the student enforcement process.

Copies of this Policy shall be distributed to all staff, students, and parents. Building administrators and supervisors shall have responsibility for providing staff and students under their jurisdiction with copies of this Policy and with an explanation of its application.

Signs shall be posted during the implementation stages, designating the following:

1, At the entrance to all facilities: "Smoking Prohibited in All Facilities Under the Jurisdiction of the Boston Public Schools, Except in Designated Areas." The Facilities Management Department shall have responsibility for posting and maintaining such notices.

2. Smoking-prohibited areas within each facility should be designated by "No Smoking" signs. Building administrators and supervisors shall have responsibility for posting and maintaining these notices, as well as other posters and informational flyers designed to discourage smoking.

Adopted by School Committee in meeting assembled on June 23, 1987.

POLICY AND REGULATIONS OF THE QUINCY PUBLIC SCHOOLS
SMOKE FREE SCHOOLS

The Law

Chapter 759 of the Massachusetts Acts of 1987, codified in Massachusetts General Laws, Chapter 270, section 22, prohibits smoking by a person in any public school, except in those areas specifically designated as smoking areas or in a completely enclosed private office within any of the buildings. Under the statute, the individual in charge of the buildings must post notices that identify all smoking areas, as well as additional notices that individual that smoking is otherwise prohibited.

The statute specifically states that an area "shall be designated as a smoking area only if non-smoking areas of sufficient size and capacity are available to accommodate non-smokers." The law expressly does not apply to private, enclosed offices. However, in these two instances the School Committee has discretion and can determine that a total restriction on smoking is appropriate.

In recent years, the issue of smoking in the workplace has become increasingly controversial. The Surgeon General has announced that smoking is an "addiction."

Policy

It is the policy of the Quincy School Committee to fully implement the No Smoking Law in the Quincy Public Schools. School system policy and regulations necessary to implement the Law are founded on the premise that education, coupled with enforcement, is the most effective way to comply with the law. The following Procedures and Regulations will be implemented EFFECTIVE September, 1989.

Effective September 1989, students will be prohibited from use of tobacco products anywhere in school buildings or school grounds both during the school day and at school related events.

Employee smoking in private offices within buildings is prohibited.

Effective January of 1990, designated smoking areas presently located where food is served will become smoke free. Designated smoking rooms will be relocated in the building in areas where non-smokers are not subjected to secondary smoke inhalation. Such smoking areas must be properly vented. If no such area exists in a school, smoking will then be prohibited within the building.

The Education Program:

The K-12 Quincy Health Education Program includes units directed to the dangers in use of substances including tobacco. The relationship of tobacco use and self image and peer influences if firmly established. The D.A.R.E. (Drug Abuse Resistance Education) program, sponsored by the Quincy Police Department and now operating in the Quincy middle and elementary schools teaches skills necessary for students to resist peer temptation and media advertisement to Say No to drugs, alcohol and tobacco use.

At the high school level, there will be a continuation of the elementary and middle school health education program. Alcohol and drug education seminars will be conducted throughout the school year.

Informing Students, Staff and Parents:

Beginning in the spring of 1989, all Quincy schools will inform students, staff and parents of the mandates of this Policy and its accompanying procedures, a copy of which will be distributed to students and parents.

In the late Spring of 1989, all students in grades 8, 9, 10 and 11 will take part in a class or discussion of the hazards of smoking upon the health of the individual and those with whom he/she is in contact. Also to be discussed are the No Smoking Policy and Procedures and the assistance smokers may receive in their efforts to quit smoking. Students and staff will be offered opportunities to participate in smoking cessation programs. Participants will be charged a small fee.

A Smoking Cessation Program will consist of:

Motivational and informative group sessions

Customized interventions and planning

Group support

Nutritional recommendations to control weight gain

Exercise and fitness recommendations

In the Fall of each year, grade 9 students will participate in a one full day workshop on substance abuse. Use of tobacco products will be included in the discussion. Professional and peer tutors from the high schools will present programs to the students as they presently do with students in the four middle school.

Action steps to be taken in the Fall of 1989 will include an educational approach concurrent with enforcement of the No Smoking Policy opening day of school September, 1989.

Supervision:

In the Spring of 1989, the administration of all schools shall undertake a review of the gathering places within and outside the schools which in the past have been used by students as places to smoke. These locations shall be studied and, within legal limits, certain areas, such as excessive lavatory areas, may be closed. Students shall be properly notified of the No Smoking zone. A review of these actions will be made by the Director of Elementary and Middle School and the Director of High Schools.

Administrators, school security guards, as available, and/or aides as available, teachers, and custodians will be assigned supervision of these areas to ensure students do not use them as smoking areas. This applies to each school as well as all Quincy Public Schools properties.

Each day before school, after school, and during lunch periods the principals will ascertain that these commonly used smoking areas are monitored.

All staff will be responsible for enforcing the no smoking regulations. A staff member shall obtain the name(s) of the violator(s) and identify him/herself as a staff member. The staff members shall report the students to the Administration by filling out a slip which contains the name of the student found smoking, grade, home room, date and time of incident. Names must be verified. The staff member will sign the slip and give it to the principal or designee for review and action.

Each school official shall create a management system for monitoring. Computer software programs may be used for monitoring smoking infractions. The monitoring system shall be kept current. The following actions will be taken when an incident of a student smoking on school grounds or property is reported:

First Offense:

The student will be warned of the penalty should he/she continue to violate the No Smoking law. Parents will be notified of the warning by letter.

Second Offense:

The parents will be informed of the second violation. The offending student will be assigned 1 hour detention, required to watch a pre-selected video on the hazards of tobacco products. In the event that this is not completed, after a due process hearing, the student be suspended in-house. During the in-house suspension, the student will be required to complete all required school work.

Third Offense:

The parents will be informed of the continuing violation. After a due process hearing, the offending student will be assigned 3 hours of after school detention. If the student does not complete this detention, he/she may be suspended in school, after a due process hearing. The student will also be suspended from all extra curricular school activities for the remainder of the quarter. During the suspension, the student will be required to complete all required school work.

Four or more Violations:

The parents will be informed of the violation and after a due process hearing, the offending student will be assigned 5 hours of after school detention. If the student does not complete the detention, he/she may again be suspended in-house or if necessary out of school suspension may be warranted. A recommendation of further action will be forwarded to the Coordinator of Social Health and the Director of Elementary and/or Secondary Education, as appropriate. During the suspension, the student will be required to complete all required school work and may not participate in extra curricular activities for the remainder of the semester.

Approved by the School Committee on
June 7, 1989

Former Student Smoking Areas

Students, like all of us, are creatures of habit. If a school has had a smoking lounge or smoking area outside for students, it is only natural that students will continue to associate that location with smoking. Serious consideration should be given to making a marked change in the use of that area such as placing a basketball hoop in an outdoor area so the use becomes active, not passive, and moving the student lounge to a difference room with a new decor and color scene.

Cessation

A 1985 study for the National Institute on Drug Abuse (NIDA) found that approximately one out of five high school seniors was addicted to nicotine when they graduated. More than one-half of all teenagers who smoke make at least one serious but unsuccessful attempt to quit prior to graduation according to a 1987 NIDA study. Smoking cessation should be available in school for both students and staff. Smoking cessation assistance is available from both voluntary health organizations and for profit organizations. Resources are listed elsewhere in this booklet. In some cases it may be possible to offer a cessation program as one of the required units in physical education/health education. Other creative options tried in other states include a combined smoking cessation/color analysis program for females and the use of Outward Bound programs, both of which meet the need for enhancing self esteem.

When developing a cessation program, consider that most persons make at least seven attempts to quit smoking before they are successful. Some data indicates it may be even more difficult to abstain from smokeless tobacco. For this reason, students and staff may have a need to repeat a cessation program more than once. There is also a need for a built-in on going support system for persons who have successfully stopped smoking, be this a "buddy system" or formal support groups meeting on a regular monthly or biweekly basis

Students who do successfully become tobacco free should be recognized and rewarded in some way in front of their classmates.

The Need for Curriculum at Each Grade Level

Youths underestimate the dangers and addictive nature of smoking. Studies show that youths first try tobacco products and become addicted at 10 years old or younger. A review of tobacco advertising shows that these ads appeal to young people who wish to appear mature, athletic, convivial and healthy. The tobacco companies spend more than $2 billion annually on these ads. With students bombarded with this sophisticated media blitz, it is essential that it be counteracted at the earliest age possible, hopefully kindergarten. Anti-smoking curriculum can become a part of science, physical education, health or other classes. Any curriculum discussing alcohol and drugs should also include tobacco. Curriculum is available through the American Cancer Society, American Heart Association, the American Lung Association and other curriculum developers. Some resources are listed elsewhere in this booklet or contact your regional Prevention Center.

The Clean Indoor Air Law: How it Relates to Schools

The so-called Clean Indoor Air Law, MGL C. 270, Sec. 22 states that "no person shall smoke in any... school... except in an area which has specifically been designated as a smoking area. An area shall be designated as a smoking area only if nonsmoking areas of sufficient size and capacity are available to accommodate nonsmokers.

"The... person in charge of the... building... shall post conspicuously such notices or signs at each entrance indicating that smoking is prohibited therein except in specifically designated areas, and shall post conspicuously such notice or signs indicating which is the no smoking area and which is the smoking area."

Smoking is allowed in a completely enclosed private office occupied by "an individual."

At the time the law went into effect (April 1988), material sent to school systems included the following questions and answers:

Q. Does the law supersede stricter municipal regulations concerning smoking?

A. No.

Q. Does the Clean Indoor Air Law affect private as well as public schools?

A. Yes.

Q. Does the law require that a smoking area be designated?

A. No, a smoking area is not required. The person or board responsible for policies can make an entire building nonsmoking.

Q. In places covered by the law, is smoking prohibited in traffic areas such as hallways, corridors and waiting lines?

A. Yes. The Department of Public Health interprets the law to prohibit smoking in these areas.

Q. What areas would be deemed appropriate as designated smoking areas?

A. An area may be designated as a smoking area only if there is also a nonsmoking area for that same purpose. In other words, a teachers' lounge may be designated for smoking only if there is also a nonsmoking teachers' lounge. Restrooms can be designated as smoking areas only if there are also nonsmoking restrooms.

In response to questions since the law went into effect, the Department has stated it interprets the law to require that nonsmokers be afforded an area which is large enough in size to accommodate them and which has the capacity to accommodate the same usage or activity as the area provided for smokers. When asked if portions of a room could be designated for smokers and another portion for nonsmokers, the Department replied that unless the designated portion of the room can truly accommodate nonsmokers in those functions normally undertaken in that room, is not an appropriate solution. If the designation of smoking and nonsmoking areas within the same room does not provide a completely smoke free environment for nonsmokers, it is not in compliance with the Clean Indoor Air Law.

The 1986 Surgeon General's report stated: "The simple separation of smokers and nonsmokers within the same air space may reduce, but does not eliminate, the exposure of nonsmokers to environmental tobacco smoke."

The law does not allow smoking in a room, hall, auditorium or other place in a school building after school hours or when classroom space is being used for nonschool activities.

For further information, call the Office for Nonsmoking and Health, Massachusetts Department of Public Health (617) 727-0732.

MASSACHUSETTS INTERSCHOLASTIC ATHLETIC ASSOCIATION

Rule #14 - CHEMICAL HEALTH RULE

During the season of practice or play, a student shall not, regardless of the quantity, use or consume, possess, buy/sell or give away any tobacco products; any beverage containing alcohol; marijuana; steroids, or any controlled substance. It is not a violation for a student to be in possession of a legally defined drug specifically prescribed for the student's own use by his/her doctor.

MINIMUM PENALTIES AND RECOMMENDATIONS FOR ATHLETIC ACTIVITIES FIRST VIOLATION:

Penalty - When the Principal confirms, following an opportunity for the student to be heard, that a violation occurred, the student shall lose eligibility for the next two (2) consecutive interscholastic events, or two (2) weeks of a season in which the student is a participant, whichever is greater. No exception is permitted for a student who becomes a participant in a treatment program, although such participation is recommended. It is expected that the student be allowed to remain at practice for the purpose of rehabilitation.

SECOND AND SUBSEQUENT VIOLATIONS:

Penalty - When the Principal confirms, following an opportunity for the student to be heard, that a second or subsequent violation occurred, the student shall lose eligibility for the next twelve (12) consecutive interscholastic events or twelve (12) consecutive weeks, whichever is greater, in which the student is a participant.

If after the second or subsequent violation the student of his/her own volition becomes a participant in an approved chemical dependency program or treatment program, the student may be certified for reinstatement in the MIAA activities after a minimum period of six (6) weeks. Such certification must be issued by the doctor or a counselor of a chemical dependency treatment center.

Penalties shall be cumulative each academic year but a penalty period will extend into the next academic year.

Revised August 1989

For more information contact MIAA at (508) 478-5641.

RESOURCES

Coalition for a Smoke Free Massachusetts by the Year 2000:

American Cancer Society, American Heart Association, American Lung Association

Class of the Year 2000 - 1st and 2nd Grades available 1989-90 school year; 5 sessions, 30 min. each. Grades 6-7-8 smoking fact sheet, booklets, work sheets, and Apple computer diskettes.

American Cancer Society

An Early Start to Good Health (1977) Health Education curriculum comprised of four separate modules. Grades k-3.

Health Network (1980) Health Education Teaching kit prepare youngsters for decision making regarding their own health especially with cigarette smoking. Grades 4-6.

Health Myself (1984) Teaching kit. Health Education Program which introduces cancer, smoking related health themes, with current school curricula. Grades 7-9.

Nature of Cancer Two lessons, "What is Cancer", and "What is the Relationship between Smoking and Cancer?" Grades 7-9.

Youth Smoking Cessation Clinic Multi-session clinic designed for students grades 10-12. To be delivered during school time by school personnal. Training by ACS available.

Breaking Free Smoking cessation program designed for vocational educational students and teachers (2986) teaching guide, poster, two Apple computer II disks.

For further information contact:

American Cancer Society - Massachusetts Division
247 Commonwealth Avenue
Boston, MA 02116
1-800-952-7664

American Heart Association

Getting to Know your Heart - Lower elementary package (65-3016). Program containing three modules including smoking and your body. Teacher's guide (65-3016), posters, audiovisuals. Grades 1-3.

Getting to know your Heart - Upper elementary package (65-6000). Program contains four modules including smoking and your body. Teacher's guide (65-6004), posters, supplies. Grades 4-6.

Putting your Heart into the Curriculum - Junior level grades 6-8. Includes module "Lets talk about Smoking". (1982) C95-020-D).

Putting your Heart into the Curriculum - Senior level grades 9-12 includes information about smoking and its effect on the body. (1982) (95-020-E)

For further information contact:

American Heart Association - Massachusetts Affiliate
33 Fourth Avenue
Needham, MA 02194
(617) 449-5931

Att: HIS Coordinator

American Lung Association

Lungs are for Life - School health education program modules on air pollution, smoking and lung physiology. Teaching posters and other aids. (1981) K-(0333) Grade 1 (0334) Grade 2 (0302) Grades 2-4 (0311)

No Smoking - Lungs at Work - Booklet on how lungs work and are affected by smoking. Grades 5-6 (0840)

As you Live... You Breathe - Illustrated booklet with strong anti-smoking message. Grades 5-8 (0061)

The Respiratory System - Diagram of respiratory system (0950) with explanation of systems functioning for primary grades. Wall chart 17" X 22" (5270).

Smoking and Health Teaching Guide for Junior High School Teachers - Instructive ideas for teachers 20 pages, (1070)

For information regarding these and other materials, contact:

American Lung Association of Massachusetts
803 Summer Street
Boston, MA 02127
(617) 269-9720

Compiled by:

Massachusetts Department of Public Health
Office for Nonsmoking and Health
150 Tremont street
Boston, MA 02111
(617) 727-0732

CURRICULUMS ON SMOKELESS TOBACCO

Curriculums Available from:

Massachusetts Department of Public Health
Office for Nonsmoking and Health
150 Tremont Street
Boston, MA 02111
(617) 727-0732

(Single copy for reproduction available free of charge.)

The Spitting Image (Grades 4-7) A smokeless tobacco teaching guide that provides teachers with complete information on smokeless tobacco, so they may provide students with information and motivate them to make wise choices concerning smokeless tobacco. The materials and activities are not grade specific, so teachers may choose activities and depth of the material suitable for each class. Developed by Indiana State Board of Health, Division of Health Education, 1330 West Michigan Street, P.O. Box 1964, Indianapolis, IN, 46206-1964.

To Chew or Not to Chew, That is the Question... Will Power (Grades 7-8) This curriculum is designed as a format for teachers to encourage smokeless tobacco prevention among youth. This program includes an introduction and history of smokeless tobacco, its health risks, a section on marketing and the media, and also alternative behavior. Developed by Health Education, Brockton Public Schools, Brockton, MA 02402, December 1987

Curriculum Guide - Smokeless Tobacco (Grades 3-6-9) This guide offers one lesson for grade 3, two for grade 6 and two for grade 9. It provides information on the health dangers of smokeless tobacco, the effects of its use, and methods to stop use. It also provides to form a positive attitude against smokeless tobacco use, and help students make the decision not to start using smokeless tobacco or to quit. Developed by Holyoke Public Schools, Holyoke MA. March, 1988.

Teaching Unit for 5th Grade on Smokeless Tobacco (Grade 5) the overall goal of this unit is to assist children in learning how and why not to take up the smokeless habit. It is designed to be used independently, or be integrated into an existing unit dealing with tobacco and cigarette smoking. Developed by the Maine Department of Human Services, Office of Dental Health, State House, Augusta, ME 04333.

Chew or Snuff (Ages 10-18) This guide is best presented as a drug awareness learning unit. However it can be incorperated in either a health promotion or disease prevention unit. Facts about smokeless tobacco are presented as background information for teachers; portions can be adapted for use as a student handout. Suggested lesson activities involve students in evaluating reasons why adolescents use smokeless tobacco and the health consequences of its use. Produced by National Cancer Institute, U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, and American Academy of Otolaryngology - Head and Neck Surgery, Inc. 1101 Vermont Avenue, N.W., Suite 302, Washington, D.C. 20005-3521.

Smoking Videos

Below is a brief description of videos available for loan at no charge from:

The Massachusetts Department of Public Health
Office for Nonsmoking and Health
150 Tremont Street
Boston, MA 02111
(617) 727-0732

All films are 1/2" VHS unless otherwise stated.

The Lady Killers (40 min.) A British documentary featuring Bobbie Jacobson, author of two books on women and smoking. The tape explores the reason why women smoke, and barriers to quitting that are particular to women. It is also available for purchase ($235) rental ($50) preview $20.00 1/2" VHS, video casette, or Beta, please specify from: Laurie Johnson, Communications Media, Yale Medical School, 333 Cedar Street, New Haven, Ct., (203) 785-2647

First Time, Last Time (30 min.) A series of vignettes about women from teenage to middle age, discussing how they began smoking, their failures and successes at quitting.

The Feminine Mistake (25 min.) An educational program on smoking and women. The tape covers the medical and cosmetic liabilities of smoking for women, especially pregnant women and teenagers. This film also presents facts that may motivate a smoker to quit and suggests methods of quitting.

The Feminine Mistake: The Next Generation (30 min.) This new film retains the most powerful images from the original version while it brings the issue of women and smoking into the present. Interviews with smokers, current statistics and test results offer viewers convincing proof of tobacco's deadly and debilitating effects. Recommended for junior and high school as well as college and adult levels.

Mixed Messages for Women (27 min.) Written, developed and narrated by Virginia Ernster, Ph.D. A social History of Cigarette Smoking and Advertising. Women find themselves in the middle of two discordent epidemics, one of smoking related diseases and the other of cigarette advertisements targeted to the female market.

Hugh McCabe: The Coaches Final Lesson (20 min.) A football coach for Seneca Valley High School shares his struggle with lung cancer, and his addiction to smoking cigarettes. Recommended for Junior and Senior High Schools.

Confessions of a Simple Surgeon (20 min.) This video dramatically presents the dangers of smoking and one Australian physician's campaign to change the message tobacco companies use on billboards.

Octopuff (9 min.) A charming anti-smoking fable in which an invading Octopuff character teaches a town to smoke and then, in turn, is converted by the children to become a nonsmoker. Age level preschool through grade three.

Death in the West (27 min.) This tape contains personal stories of present day cowboys in "Marlboro Country" their physicians and their smoking related diseases. Research material provided by Phillip Morris Tobacco Industries is also presented.

Why People Smoke (10 min.) A cleverly animated anti-smoking message that examines four major "reasons" why people smoke and finds them all childish and a bit silly. The films humerous approach is an effective counter to peer pressure for grade school children. Recommended for primary and intermediate levels.

The Smoke of a Single Cigarette (10 min.) A high school student does a simple demonstration showing the dangers of tobacco smoke on the lungs. It is a clear concise and informative video. She also talks about the harmful by-products of tobacco smoke. Produced by the University of Arkansas for Medical Services. Recommended for intermediate, junior and high school levels.

On the Air: Creating a Smokefree Workplace (17 min.) A simulated talk show discussing the establishment of a smokefree workplace, presenting information for both management and employees. Also available for purchase from: Pyramid Film and Video, P.O. Box 1048, Santa Monica, CA 90406. Cost of purchase 1/2" VHS $250, 3/4 u-matic $295, Beta II $50, rental from Pyramid is $125.00.

Secondhand Smoke (17 min.) Narrated by Jack Klugman. A light approach to a deadly subject, stressing the hazzards of side stream smoke, its contribution to indoor pollution, and its effects on the unborn child, young children and individuals living and working with a smoker. Also available from Pyramid film and video.

A Physician Talks About Smoking Slide presentation developed for physicians and other health care professionals who are called upon to speak to medical and key audiences on smoking and health. Slides include health effects, etilogy and the prevalence of smoking. Available for purchase for $35 from: The National Audiovisual Center, 8700 Edgeworth Drive, Capital Heights, MD 20743-3071.

ADDITIONAL VIDEO RESOURCES

Under Fire: Litigation Against the Tobacco Industry (60 min.) Interviews of Key personnel of Tobacco Products Liability Project (TPLP) who discuss both overwhelming medical evidence on dangers of tobacco use, and the changes in liability law which makes suits against tobacco industry now possible. Available on 1/2" VHS ($60.00) and 3/4" ($75.00) for nonprofit groups all others $100. Please add $5.00 postage fee. Produced and sold by: Somerville Products, c/o Parish Dobson, 263 Payson Road, Belmont, MA 02178.

American Cancer Society
247 Commonwealth Avenue
Boston, MA 02116
Tel: 1-800-952-7664

Death in the West - see description pg.1

First Time - Last Time - see description pg.1

The Feminine Mistake - see description pg.1

Smart Move (20 min.) This video covers the health effects of smoking and what happens when a person stops. Some strategies for quitting are included, but its main focus is on the reasons for quitting. A Smart Move brochure, alternatives on how to stop smoking, should be handed out to participants.

Lets Call it Quits (28 min.) 16 mm, video cassette 1/2". Tom Bosley is featured in a situation comedy about the agony and ultimate ecstacy of kicking the habit. He falters and becomes a secret smoker but finally receives information on his reasons for smoking and quitting for good.

We Can't Go on Like This (32 min.) Video cassette 1/2 and 3/4". Produced by the National Heart, Lung, and Blood Institute, seven vignettes to aid smokers in identifying many of the major pressures and issues involved with successfully quitting cigarettes. Designed to be used in a group setting with a leader. Guide available.

Why Quit Quiz (15 min.) 16 mm, super 8, video cassette. Dr. Frank Field narrates this film emphasizing the health benefits of quitting smoking. It invites audience participation with a series of quiz questions. Facts on the immediate and long range effects of quitting are presented.

Smoking: A Research Update Part I and II. Part I (15 min.), Part II (12 min.), video cassette 1/2" and 3/4"., film strip. This film gives young people the latest facts on smoking and is designed to help them understand the complexity of the legal, ethical and economic issues, while heightening their awareness to the health risks.

American Heart Association
Massachusetts Affiliate Inc.
53 Fourth Avenue
Needham, Ma 02194
Tel: (617) 449-5931

The Heart that Changed Color: (8 min.) The Tin Woodsman and the Scarecrow tell of their perilous journey through the land of nicotine. (Available in Getting to Know Your Heart - however elementary kit only). 1/2" video.

Case of the Sudden Sickness (7 1/2 min.) Dr. Truso takes an imaginary journey through a patient's body to discover the cause of his illness. (Available in Getting to Know Your Heart - Upper Elementary Kit Only). 1/2" video.

Death in the West see description, pg.1

Smoking and Heart Disease (9 1/2 min.) Asks and answers questions about the relation between smoking and health especially the heart and circulatory system. 1/2" video.

Lets Talk About Smoking (11 min.) Outstanding documentary featuring 7th and 8th graders voicing their opinions and attitudes on smoking. 1/2" and 3/4" video.

Smoking: It's Your Choice (15 min.) Facts about smoking in a manner to hold the attention of young people.

American Lung Association (ALA)
803 Summer Street
Boston, MA 02127
Tel: (617) 269-9720

In Control (9 min. segment/day for 13 days) Series on how to quit smoking. available in packet only. It is a video based on most recent smoking research, combining both breathing and relaxation techniques. Excellent aid for health care providers, or individuals who want to quit on their own. Available for purchase. 1/2" VHS ($59.95). Call Boston Chapter.

SecondHand Smoke - see description pg.2

Octopuff - see description pg.1

Death in the West - see description pg.1

Why People Smoke - see description pg.2

Breathing Easy - (27 1/2 min.) Smoking and health video for intermediate school level, that explains how the respiratory system works.

Feminine Mistake - see description pg.1

The Feminine Mistake: The Next Generation - see description pg.1

On the Air - see description pg.1

Compiled by:

Massachusetts Department of Public Health
Office for Nonsmoking and Health
150 Tremont Street
Boston, MA 02111
Tel: (617) 727-0732

VIDEO MATERIALS

Smokeless Tobacco: It Can Snuff You Out - 13 - minute film or video for junior high school students and up discussing health effects of smokeless tobacco use and the tobacco industry's advertising tactics. Available for purchase (preview prints available at no charge) or rental from Pam Higgins, Alfred Higgins Productions, 9100 Sunset Blvd., Los Angeles, CA. 90060. Phone: 213-272-6500. (16mm film: $295; video tape $265; rental $30 for 3 days). Also available on loan from Dental Division, Massachusetts Department of Public Health, 150 Tremont Street, Boston, MA 02111. Phone: (617) 727-0732.

Don't Take The Risk - Slide-tape show on health risks of smokeless tobacco use. Ages 9-18. Designed to be used in conjunction with a discussion led by a dental professional. Alicia Blanco, California Dental Association, 818 K Street Mall, Box 13749, Sacramento, CA. 95853. Phone: 1-916-443-3382. ($150 including background materials) video tape available $50.00.

Going Smokeless - Video of "60 minutes" TV segment on the advertising and health risks of smokeless tobacco. CBS News. Available for rent or purchase from Deborah Wilcox, Holt Rinehart and Winston, 1627 Woodland Ave, Austin, Texas, 78741 Tel: 512-440-5774 - Purchase price: $350 (1/2" VHS or Beta, 3/4" U-matic). Rental price: $75.00 prepaid only for 3 days (no Beta rentals).

Smokeless Tobacco -- The Whole Truth - 9 - minute film strip or video tape. Comes with teachers guide. Sunburst Communications, 39 Washington Ave., Pleasantville, New York 10570-9971. Phone: 1-800-431-1934. Video $79 (#2190-MH) (1/2" VHS or Beta 2, or U-matic)

The Kid And The Dipper - 10 - minute video tape for junior high school students covering the chewing tobacco, snuff, dipping and addiction by means of communicating through a computer. Nine Star Productions selected visuals, Holden, Hockney, Breeze, 1020 Barnett Street., Fairbanks, Alaska. May be obtained on loan, Massachusetts Department of Public Health, Office for Nonsmoking and Health, 150 Tremont Street., Boston, MA 02111 (617) 727-0732.

The Alaska Kids News Network - 9 - minute video tape, junior high school students present their "news personaltities interviewing various young people on why they are using smokeless tobacco products and why kids say no - VSH - May be obtained on loan Massachusetts Department of Public Health, Office for Nonsmoking and Health, 150 Tremont Street., Boston, MA 02111 (617) 727-0732. Video Play Holden, Hockney, Breeze, 1020 Barnett Street, Fairbanks, Alaska.

-30-

PRINT MATERIALS

Smokeless Isn't Harmless - Poster. Developed by Massachusetts Department of Public Health, American Cancer Society, American Lung Association and American Heart Association. Dental Division, Department of Public Health, 150 Tremont Street, Boston, MA 02111. Phone: 617-727-0732. Free.

Smokeless Isn't Harmless - Brochure. Developed by Massachusetts Department of Public Health, American Cancer Society, American Lung Association and American Heart Association. Dental Division, Department of Public Health, 150 Tremont Street, Boston, MA 02111. Phone: 617-727-0732. Free.

A Guide to Smokeless Tobacco - 11-page summary of the history, demographics, and health effects of smokeless tobacco use. Includes resource listing and selected bibliography. American Lung Association of Massachusetts, 803 Summer Street, South Boston, MA. 02127 Phone: 617-269-9720. (or local affiliate.) Free.

Reader's Digest - "Sean Marsee's Death" - reprint of article about the health effects of smokeless tobacco, focusing on the death of an Oklahoma high school track star from oral cancer in 1984. Available from Reader's Digest Reprint Department, P.O. Box 25, Pleasantville, NY 10570. Phone 914-769-7000. Prices: 10 copies--$4; 25--$8; 50--$12; 100--$20.

Smokeless Tobacco - 15 - page cartoon illustrated pamphlet reviewing the history and health effects of smokeless tobacco. Channing L. Bete Co., Inc., 200 State Road, South Deerfield, MA 01373. Phone: 1-800-628-7733. Price depends on quantity ordered. 25 copies--$18.75; 100 copies--$43.

Chew or Snuff is Real Bad Stuff - Dramatic phamplet on effects of smokeless tobacco - Available from NCI (National Cancer Institute) Tel: 1-800-4-Cancer. Publication #88-2976, National Institutes of Health, February 1988. Free.

Compiled by:

Dental Division
Massachusetts Department of Public Health
150 Tremont Street
Boston, MA 02111
(617) 727-0732

Coalition for a Smoke Free Smoke Free Massachusetts by the Year 2000

American Cancer Society	American Heart Association	American Lung Association
Massachusetts Division	Massachusetts Affiliate	of Massachusetts
247 Commonwealth Avenue	33 Fourth Avenue	803 Summer Street
Boston, MA 02116	Needham, MA 02194	Boston, MA 02127
1-800-952-7664	(617) 449-5931	(617) 269-9720

Smoking Cessation Programs

To succeed at becoming smoke-free, you must first want to become a nonsmoker. Without a strong individual desire to stop smoking, no program will be successful. There are several methods of smoking cessation. If you want to stop and one method is not successful, try another.

Each of us makes a personal decision about smoking. If you want to stop smoking, you can. Very few people are successful at smoking cessation with no back sliding. It is particularly hard to stop smoking when you are under stress or if you are around many people who smoke. There are many tips that will make becoming a nonsmoker a little easier:

- Change your habits. There are certain times of the day or activities with which you associate smoking. Avoid these situations or avoid easy access to cigarettes during these times.
- Don't carry cigarettes with you.
- Exercise.
- Drink frequent glasses of water or juices.
- Sit in nonsmoking sections of restaurants.
- Go to the library, movies or a museum.
- If you are a heavy smoker and experience difficulty in withdrawal from nicotine addiction, talk to your physician about a prescription for nicotine (Nicorette) chewing gum ($20 for a box of 96 pieces).
- Decide which method of smoking cessation is best for you--on your own either "cold turkey" or by gradually cutting back, a behavior modification group session, one-on-one counseling, hypnosis, or acupuncture. Your local hospital, American Cancer Society, American Lung Association, or telephone Yellow Pages can help you locate the method you want. Make a plan of action, including dates to reach goals and begin your new life as a nonsmoker.
- Think of yourself as a nonsmoker.

Behavior Modification

Group support, behavior modification and positive reinforcement are stressed. National statistics indicate 20% to 40% of all participants will still not be smoking after one year. (Higher success rates are for a shorter time frame.) Note: All prices indicate the fee per participant unless otherwise noted.

Fresh Start
American Cancer Society (617) 267-2650 or 1-800-952-7664
Locations throughout Massachusetts

Four one hour sessions over 4 weeks.

$ 40.00

Freedom from Smoking
American Lung Association (617) 269-9720 or local affiliate office
Locations throughout Massachusetts

A 7-session group program. (Each session 1 1/2 hours.) Includes printed materials and films.

Depending upon facility $ 40.00 - $ 60.00

Breathe Free
New England Memorial Hospital (617) 665-1740 ext 426
5 Woodland Road
Stoneham, MA

Introductory lecture is held on the Thursday preceeding the first session. The program consists of four 2-hour sessions starting on Monday through Thursday. Three follow-up sessions are held on each of the following Tuesdays and two consecutive Thursdays. Includes films, lectures and printed material.

$ 150.00
Doctor's referral or letter $ 130.00

Smokenders
Locations throughout Massachusetts (617) 698-7867

A 6-week behavior modification program using a lecture format, (2 1/2-hours per session.) Includes printed material. A free 1/2-hour introductory session. Graduates can attend any public group session free of charge as long as they are not smoking.

General public $ 295.00

Smokers' Anonymous
South Shore (617) 331-7339

Locations throughout Massachusetts $ 35.00

Smokers' Independence Group
Amherst Administration (413) 256-0151 x 295
Health Education

A 6-session workshop (2-hours per session.) 7-9 p.m. offered three times yearly. $20.00 rebate if attend 5 out of 6 classes.

Students and Kaiser HMO members $ 40.00
For nonmembers $ 80.00

Quit Smoking Solution
Beder Health Associates (617) 843-7908

A 5 session group program which integrates behavior modification and hypnosis. Includes group support, discussion, cassette tape, materials, and unlimited follow-up. (5 one-hour sessions over 6 weeks)

$ 195.00

Stop Smoking Clinic
Locations throughout Massachusetts 1-800-877-7867

Free introductory session to explain program. A four-week program of 8-sessions (1 1/2-hours per session). Promotes gradual withdrawal for first two weeks. Reinforces smoke-free living for final two weeks. Includes a handbook.

Individual	$ 255.00*
Senior citizens	$ 230.00
Full time student	$ 150.00
Hospital employees and their families	$ 95.00

*Rebate of $50.00 upon completion of program except for family members of hospital employees.

Upham Smoking Clinic
McLean Hospital (617) 855-2979
115 Mill Street
Belmont, MA

Program runs for a minimum of 12-16 weeks. Each session is one hour. Includes printed handouts.

$ 25.00/session.

Program 2000
Southwood Community Hospital (508) 668-0385
111 Dedham Street
Norfolk, MA 02056

A program that treats smoking as an addiction. Program is conducted Monday - Friday for 2 weeks/30 hrs. Weekly follow-up is available for 3 months after participation. Stress management, nutritional counseling and exercise techniques are provided. Pre-registration is required $25.00.

$ 325.00

Smoke Free Living
P.O. Box 8031
Westfield, MA 01086
(413) 562-7836

This behavior modification programs consists of eight 2 hour sessions held over 6 weeks. Handouts, health education, stress management, assertiveness skills, diet and exercise habits are included.

$ 125.00/person
$ 110.00/couples

Stop Smoking
Fallon Community Health Plan
100 Hartwell Street
W. Boylston, MA 01583
(508) 835-2550 x 4368

Ten $1^1/2$ hour group sessions over an 8 week period.

member $ 20.00
nonmembers $ 75.00

5 Day Program
Medical Center of C/M
Worcester Memorial Hospital
119 Belmont, Street
Worcester, MA 01605
(508) 793-6611

Program consists of five $1^1/2$ hour sessions in a one week period. Behavior modification. Includes manual.

$ 10.00

Smoking Cessation
Center for Health & Fitness
U Mass Medical Center
55 Lake Street
Worcester, MA 01655
(508) 856-5811

Group session, behavior modification, strategy development. Program meets in 7 evening sessions over 7 week period. Each session is approximately $1^1/2$ hours.

$ 150.00

Forgetting Cigarettes
Noble Hospital
115 West Silver Street
Westfield, MA 01806
(413) 568-2811

Eight sessions over 4 week period. Introductory session is free. Fee discussed at 1st session.

Becoming a Nonsmoker
Berkshire Healthworks (413) 447-2625
Berkshire Medical Center
725 North Street
Pittsfield, MA 01201

A 6 week program that includes "cutting back" on nicotine. ($1\frac{1}{2}$ hours/session)

$ 65.00

Making A Change - A workshop to quit smoking
Medical West (413) 594-3111
444 Montgomery Street
Chicopee, MA 01020

Group support and techniques that make a change in your life. 4 sessions over a 2 week period.

Members Medical West $ 12.00
nonmembers $ 25.00

Stop Smoking for Pregnant Women

Fallon Community Health Plan (508) 835-2550 x 4368
100 Hartwell Street
W. Boylston, MA 01583

Private or small group sessions, 4 sessions in a 10-day period.

members $ 8.00
nonmembers $ 20.00

Quitting For You 2
Massachusetts Department of Public Health, available from obstetrician.

Smoking and Pregnancy
American Lung Association, available from obstetrician.

Youth Cessation Programs

CHALLENGE - American Cancer Society 1-800-952-7430 or 267-2650
(Public education department)

A Quit Smoking Program for Teens.
Conducted in school setting, this program stresses behavior modification and the impact of advertising on teens. There is a 48 hour trial quit period in middle of program. Designed to be taught by teacher, preferably ex-smoker. Training provided.

Free

Freedom From Smoking for Teens - American Lung Association

An in-school program. Six 50-minute lectures which include mid-week videos. Training provided for faculty members and school nurses.

Training manual $ 20.00

Smoke Free Living (413) 562-7836

Youth cessation clinics held in a school setting. Program is built upon behavior modification, health education, and stress management. Information available upon request.

Hypnosis

Hypnosis is used either in group sessions or on a one-on-one basis to help smokers break their habit. Usually the goal of this method is to enhance the smoker's self-confidence in his/her ability to become smoke-free and stresses the benefits of becoming a nonsmoker. Studies indicate success rates ranging from 20% to 90%.

Beder Health Associates Inc.
75 Granite Street (617) 843-7908 or 1-800-662-8887
Braintree, MA 02184

Single $1^1/2$ hour session plus unlimited return visits for one year. Clients also receive an audio tape and written materials. Locations throughout Massachusetts.

$ 69.00

Beth Israel Hospital
330 Brookline Avenue (617) 735-4735
Boston, MA

An 8-session group program. (Each session $1\ ^1/2$ hours.)

$ 200.00

Larry Glick Better Life Institute
Locations throughout Massachusetts (617) 327-4357

A $1^1/2$-hour group hypnosis and behavior modification session with reinforcement emphasized. Includes video presentations, lectures and printed materials. Participants receive four audio cassettes of 10 to 30 minutes to assist in continued smoke-free living. Participants can attend additional sessions free of charge within 12 months. Money back at end of first session if participant feels program will not work.

$ 95.00

Massachusetts General Hospital Behavior Therapy Unit
15 Parkman Street (617) 726-2991
Boston, MA

One-on-one program usually consisting of two sessions. The first session consists of interviewing smokers concerning their smoking history, and the second session offers hypnosis. Additional sessions available if needed.
Approximate cost $ 175.00

Medical Care Affiliates
1 Boylston Plaza (617) 262-1500 - Richard Rotondo
Prudential Center, Boston

Private 1-hour sessions. Includes behavior modification.
$ 50.00/session

Lenaire Technique

The Lenaire Technique, Inc.
76 Main Street (508) 532-9050
Peabody, MA 01960

A procedure that was developed to stop addictive behavior. The Lenaire Technique uses no wires, equipment or devices. It is not hypnosis, biofeedback, biorhythm, acupunture, acupressure or autosuggestion. Individual.
$ 85.00/session

Acupunture

The goal in acupunture is to stimulate lung points to make smoking distasteful. In one study after six weeks 50% of the participants were not smoking, and another 25% were smoking less.

Franklin Street Medical Associates
139 Franklin Street (617) 438-6132
Stoneham, MA

Two weeks of treatment with 3-5 treatments the first week and 1-3 treatments the second week. Treatments intended to both relax the client and sensitize the lung to tobacco smoke, taking away the desire to smoke.
$ 45.00/treatment

Comprehensive Medical Services
93 Union Street (617) 965-3306
Newton, MA

One to six treatments on successive days over a one week period. Twenty minutes per treatment. Treatments are to points on outside of ear. Intended result is reduced craving for nicotine and elimination of withdrawl symptoms.
$ 50.00/treatment

For additional acupunture programs, see the telephone Yellow Pages.

Programs Available to Companies

American Cancer Society - Fresh Start (617) 267-2650 or 1-800-952-7664
(See Behavior Modification)

If company has own trained facilitator $100 per program for materials. (ACS will train facilitator.) If ACS furnishes facilitator, $40 per participant.

American Lung Association - Freedom From Smoking (617) 269-9720
or local affiliate office
(See Behavior Modification)

If company has own trained facilitator, $10 per participant for materials. If ALA furnishes facilitator, $40-50 per participant.

Beder Health Associates, Inc. (617) 843-7908 or 1-800-No Butts
(See Hypnosis and/or Behavior Modification)

Larry Glick Better Life Institute (617) 327-4357
(See Hypnosis)

For 15 or more persons, $75.00 per participant.

Smokenders
Available for 15 or more persons (617) 698-7867
(See Behavior Modification)

Stop Smoking Clinic
57 Conant Street (508) 774-3202 or 1-800-887-7867
Danvers, Mass.

(See Behavior Modification). $150.00 per participant group programs

Medical Care Affiliates (617) 262-1500-Richard Rotondo

5-week behavior modification group program. $700.00

Program 2000
Sandra Berkley (508) 668-0385
Southwood Community Hospital
111 Dedham, Street
Norfolk, MA 02056
(See Behavior Modification)

Programs Available to Companies
Smoke Free Living (413) 562-7836
P.O. Box 8031
Westfield, MA 01086
(See Behavior Modification)

Lenaire Technique (508) 532-9050
(See page 7)

Program available to cooperate and government em[illegible]es

On Your Own

Self-help materials are designed to make smokers more aware of their habit and suggest substitutes for smoking. Examples include setting a target date to quit, limiting access to cigarettes and avoiding situations in which one once smoked. National statistics indicate a 5% to 15% one-year success rate.

American Heart Association
Calling It Quits (Free) (617) 449-5931

American Lung Association
Freedom from Smoking (617) 269-9720 or local affiliate office

Self manuals, $7; videotape, audiocassette, and manual $60.00.

Cancer Information Service 1-800-4-CANCER
Advice. Listening. Pamphlets. Free

Smokers' Anonymous (508) 598-1600
Guide to stopping smoking on your own $5.00

American Cancer Society (617) 267-2650 or 1-800-952-7664
Smart Move. Free Booklet

Support Groups for Ex-smokers

Quitters in Motion
Winchester Hospital (617) 756-2224
41 Highland Avenue
Winchester, MA 01890

An ongoing group for people with a past or current history of smoking who need support and encouragement. Classes 2nd and 4th Thursday of each month. No pre-registration required. 5:30-6:30 p.m. $5.00.

Stop Smoking Support Group
Fallon Community Health Plan (508) 835-2550 x 4368
100 Hartweld Street
W. Boylston, MA 01583

For those who have quit smoking and need support for long term success. Meets 1st Wednesday of each month. 1 1/2 hour session. Free

Compiled by

Office for Nonsmoking and Health
Massachusetts Department of Public Health
150 Tremont Street
Boston, MA 02111
(617) 727-0732

February, 1990

Smoking & Youth

When do young people start smoking?

More than 90% of people who smoke started before age 20; 60% started before age 15. More than 3,000 young people begin smoking daily in the U.S. According to the National Adolescent Student Health Survey (1987), one quarter of all smokers reported that they had started smoking by grade 7 or 8. In a Massachusetts study (1987), cigarette use by students increased incrementally by age up to grade 12. Seven percent of the sixth graders said they were smokers. Unfortunately, the younger people are when they start smoking, the more likely they are to become addicted.

What makes young people smoke?

Several factors have been identified that correlate with youngsters smoking. Strong adult role models are essentially promoting and sanctioning the nicotine addiction. Three quarters of the kids who smoke come from families where one or both parents smoke. Close friends who smoke can also influence young people to start smoking. One reason is to appear grown-up or sophisticated. Pressures to be independent — or conversely, to fit in with the crowd — are also linked with smoking. Advertising via billboards, magazines and newspapers constantly recruits new smokers. Although the tobacco industry denies that its advertising targets children, ads appear in magazines with large youthful readerships. Billboard advertisements reach young children even before they can read. These ads equate smoking with youth, adventure, physical prowess, daring, sex, sophistication, glamour, fun and, ironically enough, health.

Are there gender differences?

The 1987 Massachusetts study showed that girls consistently smoked more than boys, starting as early as the sixth grade. Average age for first use of tobacco for both girls and boys was 10 years old. Nationwide, young women are more likely to smoke than young men. Among college freshmen, the female to male ratio of smokers is 2 to 1. Girls and young women seem to be more influenced than boys and young men by the idea of smoking as a means of weight control. Again, advertising promotes a strong cosmetic lure for young females to smoke.

Are there ethnic differences?

Although more Black, Hispanic and Asian students try cigarettes at an early age, white students have the highest percentage (27%) of smokers according to the Massachusetts study.

Does smoking relate to grade averages?

Smoking is more prevalent among students with lower grades: 41.7% of students in the C-F range smoke, compared to 9.8% of those in the A-B range, according to a study of tobacco and alcohol use conducted by the Massachusetts Department of Public Health. A similar inverse relationship is seen in studies of students' self-esteem: the lower a student's self-esteem, the more likely she or he is to smoke.

Just how many young people smoke?

According to the Surgeon General's report, approximately one million teenagers smoke cigarettes. It is estimated that one in five U.S. high school seniors smokes on a daily basis. In the 1987 Massachusetts survey, 31% of the females and 20% of the males reported smoking.

Are students receptive to nonsmoking messages?

Just knowing the facts about smoking and health risks does not deter adolescent smoking. However, younger students are more receptive to nonsmoking messages. Early eduction, beginning in the first grade, to prevent smoking would seem most effective in striving toward the goal of achieving a smoke-free Class of 2000.

Where can you get more information?

Massachusetts Department of Public Health
Office for Nonsmoking and Health (617) 727-0732

April 1989

PUBLIC HEALTH FACT SHEET

Secondhand Smoke
(Environmental Tobacco Smoke)

Massachusetts Department of Public Health, 150 Tremont Street, Boston, MA 02111, (617) 727-0049, Deborah Prothrow-Stith, M.D., Commissioner

What is secondhand smoke?

Secondhand smoke (also called environmental tobacco smoke or ETS) is a combination of exhaled smoke and the smoke from the burning end of a cigarette, cigar or pipe. Breathing secondhand smoke is called involuntary smoking or passive smoking.

Is secondhand smoke dangerous?

Yes. The chemical composition of smoke inhaled by active and passive smokers is similar. However, secondhand smoke is created at a lower temperature so it actually contains more of some harmful chemicals, including cancer-causing agents called carcinogens.

How does passive smoking compare with active smoking?

A nonsmoker obviously breathes less tobacco smoke than a smoker inhales. However, an involuntary smoker often inhales the equivalent of one to three cigarettes per day. Nonsmokers in a very smoky room for one hour can inhale as much cancer-causing N-nitrosamine as they would by smoking 10 to 15 cigarettes.

What health problems can secondhand smoke cause?

Secondhand smoke can cause allergies; cancer, including lung cancer; and respiratory disease, especially in children whose parents smoke and in people who already have lung problems. It can aggravate heart disease and irritate the eyes, nose, throat and airways. A nonsmoker exposed to the smoke of 20 cigarettes per day has twice the risk of lung cancer compared with someone exposed to no cigarette smoke. Every year up to 5,000 nonsmokers die of lung cancer due to secondhand smoke.

Will moving away from a smoker lower exposure?

It may. However, smoke spreads throughout an entire room or other enclosed airspace within an hour. In the home, the presence of even one smoker can create a significant amount of secondhand smoke. According to the 1986 Surgeon General's report, "The simple separation of smokers and nonsmokers within the same air space may reduce, but does not eliminate, the exposure of nonsmokers to environmental tobacco smoke."

How effective are air cleaning systems?

Currently there is no cost-effective filtering system for removing tobacco smoke from the air. Because of their tiny size, smoke particles remain suspended in the air for a long time. The only way to remove smoke from indoors is to exchange indoor air with clean outdoor air. If smoking is permitted, many more air exchanges are required per hour than if smoking is prohibited.

Does state law limit smoking?

State law prohibits smoking in:

- public elevators
- retail food outlets
- polling places
- school buses
- open meetings of governmental bodies
- supermarkets
- courtrooms
- town meetings
- public mass transit vehicles and enclosed indoor or outdoor waiting areas

Smoking is allowed only in designated areas in:

- museums
- hospital lobbies
- trains
- restaurants with 75 or more seats
- colleges and universities
- group child care centers
- public buildings
- libraries
- nursing homes
- airplanes
- courthouses
- airport waiting areas
- school-aged day care centers
- schools

A smoking area can be designated only if there is also an area large enough for nonsmokers. The law does not require that smoking be allowed.

State law also gives local boards of health the authority to adopt more restrictive smoking regulations in public places such as:

- government buildings
- schools
- sports arenas
- lobbies or reception areas such as those in banks
- restaurants
- health care facilities
- lecture halls
- retail stores

Is there public support for limiting smoking?

Yes. The results of a 1986 national poll showed that 94% of those surveyed (smokers and nonsmokers) agreed that public spaces should have no-smoking sections. A 1986 Massachusetts Department of Public Health survey showed that 67% of those responding favored restricting smoking in the workplace, and 88% favored banning or limiting smoking in restaurants.

Can an employer limit smoking during work hours?

Yes. Employers can write a smoking policy which states when and where smoking is allowed. An employer can prohibit smoking entirely in company facilities and in company-owned vehicles.

Where can I get more information?

Massachusetts Department of Public Health
Office for Nonsmoking and Health (617) 727-0732

Your local board of health
Listed in the telephone book under local government

May 1988

The Commonwealth of Massachusetts
Executive Office of Human Services
Department of Public Health
Divisions of
Alcoholism & Drug Rehabilitation
150 Tremont Street
Boston 02111

Michael S. Dukakis
Governor
Phillip W. Johnston
Secretary
Deborah Prothrow-Stith, M.D.
Commissioner

PRIMARY PREVENTION CENTERS

Primary Prevention Centers are designed to reduce the problems associated with the abuse and misuse of alcohol and other drugs. The program's goal is to promote physical, mental, spiritual and social well-being.

The eight primary prevention centers work with schools, communities, businesses, the legislature and the media to promote positive attitudes, behaviors and policies regarding the use of alcohol and other drugs in our society.

Prevention services include:

-CONSULTATION/TECHNICAL ASSISTANCE: to develop skills and resources for the development of task forces, community and school-based prevention programs, policy, procedures and curriculum

-TRAINING and EDUCATION: to provide basic alcohol and drug information and develop skills and techniques to deliver prevention education programs. Programs are specifically designed for schools, parents, youth, community groups, law enforcement personnel, professional providers, business and industry.

-PUBLIC INFORMATION and AWARENESS PROGRAMS: to facilitate the development of comprehensive prevention programming, education and special events.

-MULTIMEDIA ALCOHOL and DRUG RESOURCE LIBRARY: to provide films, videos, curricula, books, journals and pamphlets for loan to the general public and community agencies. Specialized materials are available for the classroom teacher.

Please call the individual Prevention Center in your region for specific activities, programs planned and for initiation of services. Centers may vary in their hours of operation and in their specific film loan policies. The Centers will have a sliding-scale maintenance fee for films borrowed. No individual, school system or community group will be refused films based on an inability to pay this fee.

11/01/88

MASSACHUSETTS SUBSTANCE ABUSE REGIONAL PREVENTION CENTERS

funded by
The Department of Public Health
Divisions of Alcoholism and Drug Rehabilitation

WESTERN MA
Shirley Provost, Director
Prevention One
Multi-Service Health, Inc.
76 Pleasant St.
Northampton, MA 01060
(413) 584-3880

SOUTHEASTERN MA
Joel Urdang, Director
AFR/Pathways Prevention Center
71 Christa McAuliffe Blvd.
Plymouth, MA 02360
(617) 747-0755

CENTRAL MA
Carole Girouard, Director
Tri-Prevention First
75 Grove Street
Worcester, MA 01605
(508) 752-8083

NORTH SHORE
Reva Kleppel, Director
Prevention Services
Center for Addictive Behaviors
27 Congress Street
Salem, MA 01970
(508) 745-8890
1-800-334-5512

MERRIMAC VALLEY
Melody Mock Durso, Director
The Psychological Center's
Prevention Network
488 Essex Street
Lawrence, MA 08141
(617) 685-1337

GREATER BOSTON (SUFFOLK)
Ralph Puccillo, Director
The Prevention Center
The Medical Foundation
29 Commonwealth Avenue
Boston, MA 02116
(617) 267-8553

METRO BOSTON (SO. MIDDLESEX)
Janice Durham, Director
Mount Auburn Hospital
Prevention and Training Center
24 Crescent St., Suite 301
Waltham, MA 02154
(617) 893-0111

METRO BOSTON (NORFOLK)
Cheryl Gayle, Director
Prevention Resources
South Shore Council on Alcoholism
10 Kearney St.
Needham, MA 02192
(617) 449-8823

For additional information, contact:

Linda Doctor
Director, Prevention Services
Divisions of Alcoholism and Drug Rehabilitation
150 Tremont St.
Boston, MA 02111
(617) 727-8614

WESTERN MASSACHUSETTS

PREVENTION ONE
413-584-3880

Provides prevention services to these communities:

Adams	Agawam	Alford	Amherst
Ashfield	Athol	Becket	Belchertown
Bernardston	Blandford	Buckland	Charlemont
Cheshire	Chester	Chesterfield	Chicopee
Clarksburg	Colrain	Conway	Cummington
Dalton	Deerfield	Easthampton	E. Longmeadow
Egremont	Erving	Florida	Gill
Goshen	Granby	Granville	Gr.Barrington
Greenfield	Hadley	Hampden	Hancock
Hatfield	Hawley	Heath	Hinsdale
Holyoke	Huntington	Lanesboro	Lee
Lenox	Leverett	Leyden	Longmeadow
Ludlow	Middlefield	Monroe	Monson
Montague	Monterey	Montgomery	Mt. Washington
New Ashford	New Marlboro	New Salem	North Adams
Northampton	Northfield	Orange	[illegible]tis
Palmer	Pelham	Peru	Petersham
Phillipston	Pittsfield	Plainfield	Richmond
Rowe	Royalston	Russell	Sandisfield
Savoy	Sheffield	Shelburne	Shutesbury
S. Hadley	Southampton	Southwick	Springfield
Stockbridge	Sunderland	Tolland	Tyringham
Ware	Warren	Warwick	Washington
Wendell	Westfield	Westhampton	W. Springfield
W. Stockbridge	Whately	Wilbraham	Williamsburg
Williamston	Windsor	Worthington	

CENTRAL MASSACHUSETTS

TRI-PREVENTION FIRST
508-752-8083

Provides prevention services to these communities:

Ashburnham	Ashby	Auburn	Ayer
Barre	Bellingham	Berlin	Blackstone
Bolton	Boylston	Brimfield	Brookfield
Charlton	Clinton	Douglas	Dudley
E. Brookfield	Fitchburg	Franklin	Gardner
Grafton	Groton	Hardwick	Harvard
Holden	Holland	Hopedale	Hubbardston
Lancaster	Leicester	Leominster	Lunenburg
Medway	Mendon	Milford	Millbury
Millville	New Braintree	N. Brookfield	Northbridge
Oakham	Oxford	Paxton	Pepperell
Princeton	Rutland	Shirley	Shrewsbury
Southbridge	Spencer	Sterling	Sturbridge
Sutton	Templeton	Townsend	Upton
Uxbridge	Wales	Webster	W. Boylston
W. Brookfield	Westminster	Winchendon	Worcester

MERRIMAC VALLEY

THE PSYCHOLOGICAL CENTER'S
PREVENTION NETWORK
508-685-1337

Provides prevention services to these communities:

Amesbury	Andover	Billerica	Boxford
Chelmsford	Dracut	Dunstable	Georgetown
Groveland	Haverhill	Kingsborough	Lawrence
Lowell	Merrimac	Methuen	Newbury
Newburyport	No. Andover	Rowley	Salisbury
Tewksbury	W. Newbury	Westford	

METRO BOSTON (SOUTH MIDDLESEX)

THE MOUNT AUBURN PREVENTION AND TRAINING CENTER
617-893-0111

Provides prevention services to these communities:

Acton	Arlington	Bedford	Belmont
Boxboro	Burlington	Cambridge	Carlisle
Concord	Lexington	Lincoln	Littleton
Maynard	Somerville	Stow	Waltham
Watertown	Wilmington	Winchester	Woburn

METRO BOSTON (NORFOLK)

PREVENTION RESOURCES
SOUTH SHORE COUNCIL ON ALCOHOLISM
617-449-8823

Ashland
Dedham
Hingham
Hudson
Millis
Newton
Norwood
Sharon
Walpole
Weston

Braintree
Dover
Holbrook
Hull
Milton
Norfolk
Quincy
Sherborn
Wayland
Westwood

Canton
Foxboro
Holliston
Marlboro
Natick
Northboro
Randolph
Southboro
Wellesley
Weymouth

Cohasset
Framingham
Hopkinton
Medfield
Needham
Norwell
Scituate
Sudbury
Westboro
Wrentham

GREATER BOSTON (SUFFOLK)

THE PREVENTION CENTER
THE MEDICAL FOUNDATION
617-267-8553

Provides prevention services to these communities:

Boston Brookline Chelsea Revere
Winthrop

NORTH SHORE

PREVENTION SERVICES
CENTER FOR ADDICTIVE BEHAVIORS
508-745-8890
1-800-334-5512

Provides prevention services to these communities:

Beverly	Danvers	Essex	Gloucester
Hamilton	Ipswich	Lynn	Lynnfield
Malden	Manchester	Marblehead	Medford
Melrose	Middletown	Nahant	N. Reading
Peabody	Reading	Rockport	Salem
Saugus	Stoneham	Swampscott	Topsfield
Wakefield	Wenham		

SOUTHEASTERN MASSACHUSETTS

AFR/PATHWAYS PREVENTION CENTER
508-747-0755

Provides prevention services to these communities:

Abington	Acushnet	Attleboro	Avon
Barnstable	Berkeley	Bourne	Brewster
Bridgewater	Brockton	Carver	Chilmark
Dartmouth	Dennis	Dighton	Duxbury
E. Bridgewater	Eastham	Easton	Edgartown
Fairhaven	Falmouth	Fall River	Freetown
Gay Head	Gosnold	Halifax	Hanson
Harwich	Kingston	Lakeville	Mansfield
Marion	Marshfield	Mashpee	Mattapoisett
Middleboro	Nantucket	New Bedford	N. Attleboro
Norton	Oak Bluffs	Orleans	Pembroke
Plainville	Plymouth	Plympton	Provincetown
Raynham	Rehoboth	Rochester	Rockland
Sandwich	Seekonk	Somerset	Stoughton
Swansea	Taunton	Tisbury	Truro
Wareham	Wellfleet	W. Bridgewater	Westport
W. Tisbury	Whitman	Yarmouth	

THE COMMONWEALTH OF MASSACHUSETTS
GOVERNOR'S ALLIANCE AGAINST DRUGS
ONE ASHBURTON PLACE • ROOM 2131 • BOSTON 02108
(617) 727-0786

MICHAEL S. DUKAKIS
GOVERNOR

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MASSACHUSETTS GOVERNOR'S ALLIANCE AGAINST DRUGS

The Alliance program was established in December, 1984 in response to alarming statistics revealing widespread use of drugs and alcohol by Massachusetts youth. Governor Michael S. Dukakis organized the Governor's Alliance Against Drugs as a coordinated statewide effort which has mobilized communities to address the problem of student drug and alcohol abuse. Beginning with 18 communities, the Alliance has currently enlisted over 300 Massachusetts communities in a unified and comprehensive effort to combat substance abuse among the state's young people.

The extent and scope of Alliance activities has put Massachusetts at the forefront of substance abuse prevention efforts across the country. Staffed by a group of professionals working closely with Governor Dukakis, the Alliance coordinates activities through the Executive Office of Human Services, Department of Public Safety, Chief Elected Officials, Superintendents of Schools, and Chiefs of Police throughout the commonwealth. The Alliance is strongly supported by private industry, the media, and community leaders. Together, these groups have successfully launched a well-coordinated, long-term substance abuse prevention campaign throughout the state.

The role of the Alliance is to provide assistance to cities and towns to create school/community advisory councils chaired by school superintendents. These councils:

1. review and update school discipline codes
2. develop a written agreement between school and police officials on procedures to deal with alcohol and drugs found in schools
3. develop curricula for comprehensive K-12 drug and alcohol prevention education
4. create peer and parent education programs
5. provide access to community treatment resources for youngsters with serious substance abuse problems.

The Alliance will continue to play a pivotal role in statewide anti-drug efforts by working very closely with Massachusetts communities to maximize the use of federal funds from the Drug Free Schools and Communities Act of 1986.

This nationally acclaimed program, now in its fourth year, has become the model for many successful drug and alcohol programs t oughout the country. By providing intensive drug and alcoho. prevention curriculum for Massachusetts' young students, the Governor's Alliance Against Drugs can successfully achieve its goal of drug free schools by 1990.

SCHOOL VISITS: Governor Dukakis and other Alliance officials visit with tens of thousands of students at assemblies and proms to discuss substance abuse issues.

DRUGBUSTERS: Communication between parents and their elementary school-age children is the theme of these programs hosted by television personalities from WBZ-TV, Boston's NBC affiliate. This successful program is now in its fourth year.

CELTICS CHALLENGE: The Alliance and the Boston Celtics have sponsored a competition among Massachusetts schools to identify outstanding drug and alcohol programs.

GOALGETTERS: The Alliance is conducting a historic five-year study of current sixth-graders' attitudes toward drugs and the impact of drug prevention education.

PARENT CONFERENCE: The Alliance has sponsored a series of statewide conferences designed to assist parent coalitions in fighting drug and alcohol abuse in their communities.

M.L. CARR "STAND TALL AGAINST DRUGS": Under the sponsorship of the Bank of Boston, former Celtic star M.L. Carr visits school and uses humor and understanding to promote the self-esteem that young people need to reject drugs and alcohol.

EMPLOYEES ARE PARENTS, TOO: In programs held at the workplace, the governor and other state officials are joined by psychologists to give parents ways to communicate with their children about drugs and alcohol.

STOPDRUGS CONFERENCE: Annual statewide symposium provided a forum for professionals to discuss the state of the art of prevention education, attend workshops and hear guest speakers.

PEER LEADERSHIP CONFERENCES: Sponsored by the Regional Primary Prevention Centers and the Alliance, teen-agers learn the facts about drugs and alcohol and how to help their peers to say no.

MEDIA RELATIONS: The Alliance coordinates a campaign in local news media to maintain awareness of drug and alcohol problems.

ALLIANCE FUND: Backed by community-minded businesses and sponsors, the fund provides money for anti-drug educational activities.

MEDIA PARTNERSHIPS: The Alliance lends its name and expertise to anti-drug public affairs campaigns sponsored by major television stations and newspapers.

NEWSLETTER: A newsletter updating Alliance activities is sent to 10,000 education and treatment professionals.

SPEAKER'S BUREAU: The Alliance maintains a free referral service for community groups and schools who want speakers on issues surrounding drug and alcohol abuse.

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